FOR OFFICE USE ONLY
PHS ID **#:**

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STATE OF MAINE
BOARD OF DENTAL PRACTICE
143 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0143

NOTIFICATION OF PUBLIC HEALTH SUPERVISION STATUS

- Must be accompanied by Standing Orders Form Signed by Supervising Dentist
- PHS Project ID numbers are assigned to the project not the hygienist so each notification form must also be specific to the project.
- All activity sites must be identified by name, location, and county (multiple, various, statewide are not acceptable).
- You may attach an additional sheet listing these sites if necessary.
- All specific dates must be identified.
- Services to be provided need to be specific to the particular project (e.g. Fluoride and Prophylaxis) not a blanket statement such as services allowed under PHS.

INCOMPLETE FORMS/FORMS THAT DO NOT MEET THE CRITERIA STATED ABOVE WILL BE RETURNED TO THE HYGIENIST FOR COMPLETION PRIOR TO PROJECT ID NUMBERS BEING ASSIGNED.

1. HYGIENIST NAME: _____ 2. LICENSE # _____

3. ADDRESS: _____
Street Address

_____
Town/City State Zip Code

4. PHONE: _____ _____ 5. E-MAIL: _____
Home Work

6. AGENCY SPONSORING ACTIVITY: _____

7. SUPERVISING DENTIST: _____ 8. DENTIST LIC # _____
Must Sign Standing Orders Form

9. DATE(S) OF ACTIVITY−Be Specific: _____

10. SITE(S) OF ACTIVITY−Be Specific (Site Name (s), Location(s), and County(ies)): _____

_____

_____

_____

_____

11. POPULATION SERVED: _____

12. PURPOSE OF PROGRAM: _____

13. DENTAL HYGIENE SERVICES TO BE PROVIDED−Be Specific: _____

_____

_____

_____

_____

I agree to follow appropriate infection control guidelines as recommended by the Centers for Disease Control and Prevention. I agree to advise participants that the services provided do not replace regular dental exams by a dentist. Finally, I agree to file a Reporting Form with the Board of Dental Practice within 30 days of the activity completion, or at least annually for those that are approved for longer than one year.

_____ _____
Signature Date

PHONE: (207) 287-3333
FAX: (207) 287-8140
WEBSITE ADDRESS: www.maine.gov/dental
E-MAIL ADDRESS: dental.board@maine.gov

Standing Orders for PHS Project ID # _____ **DATE:** _____

PHS Hygienist Signature	Hygiene License #	Supervising Dentist Signature	DEN License #

Y *As required by Board Rule Chapter 2, Section III, subsection (B)(1)(b) "The dentist providing Public Health Supervision must: Have specific standing orders or policy guidelines for procedures which are to be carried out for **each** location or program…" (emphasis added.)*

Y *As required by Board Rule, Chapter 2, Section III, subsection (C)(5) "The dentist is available to provide Public Health Supervision to the dental hygienist and **specific** standing orders are submitted to the Board." (emphasis added.)*

Please check only those items that apply to the project listed above, be specific:

_____ Review of medical history for all, noting allergies and other conditions on patient record

_____ Confirmation/follow-up on pre-medication issues when needed

_____ Ask all patients if they have any dental complaints (incl. pain), questions, concerns

_____ Soft tissue inspection, including head and neck

_____ Oral inspection, including soft tissue, dentition, occlusion

_____ Oral hygiene assessment

_____ BANA testing for adults

_____ Interactive oral hygiene instruction including tooth brushing, flossing, tongue care and recommendation of appropriate products

_____ Periodontal Probing on Adults

_____ Blood Pressure Screenings on all Adults

_____ Blood Pressure Screenings on Younger Patients when obesity or other issue(s) present

_____ Appropriate nutritional counseling

_____ Ask all patients 10 years and older if they use tobacco products. Tobacco cessation counseling as needed

_____ Scaling (ultrasonic and/or hand) as needed

_____ Sealants on all appropriate primary molars and permanent premolars and molars

_____ Temporary fillings, when appropriate, placed in accordance with Board protocols

_____ Fluoride treatment

_____ All procedures necessary for a complete prophylaxis

_____ Antimicrobial irrigation or rinsing pre and/or post treatment as needed

_____ Radiographs; review by the Supervising Dentist/Dentist must occur within 2 weeks

_____ Full confidential documentation of above procedures and findings

_____ Referrals for exams and/or treatments with a dentist, including the MaineCare referral number, along with home-care recommendations

_____ Advise patients that these visits do not take the place of a dental exam or regular dental care

_____ Other; please list any service to be provided not checked off above:

_____

_____

All patients (or parents) must be informed prior to their appointment that, "a hygienist will be providing dental hygiene preventive services". They must be informed that they will not receive a dental exam or complete dental care since there is not a dentist on site. Hygienists must adhere to HIPPA regulations. Hygienists must adhere to OSHA and Bloodborne Pathogens standard precautions.